

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration Submitted with Initial Filing
 OR
 ☐ Declaration submitted after Initial Filing

Attorney Docket Number 11
 First Named Inventor Srinivas Bala

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor(if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

WISLsm Service Vision

(Title of Invention)

the specification of which

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of an application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) below.

Application Number(s)	Filing Date(MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231

DECLARATION

 ADDITIONAL INVENTOR(S)
 Supplemental Sheet
 Page of

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Name	Mark Jeffrey Foladare		
Signature	<i>Mark Jeffrey Foladare</i>	Date	5/24/99
Citizenship	United States		
Address (line 1)	8 Matthew Avenue		
Address (line 2)	Kendall Park		
Address (line 3)	Middlesex County		
Address (line 4)	New Jersey		
Address (line 5)	USA		
Zip Code	08824		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Name	Kathleen C Fowler		
Signature	<i>Kathleen C Fowler</i>	Date	5/24/99
Citizenship	United States		
Address (line 1)	2518 Algonkin Trail		
Address (line 2)	Manasquan		
Address (line 3)	Monmouth		
Address (line 4)	New Jersey		
Address (line 5)			
Zip Code	08736		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Name	Shelley B. Goldman		
Signature	<i>Shelley B. Goldman</i>	Date	5/24/99
Citizenship	United States		
Address (line 1)	9 Surrey Lane		
Address (line 2)	East Brunswick		
Address (line 3)	Middlesex County		
Address (line 4)	New Jersey		
Address (line 5)	USA		
Zip Code	08816		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Name	Shaoping Q. Wang		
Signature	<i>Shaoping Q. Wang</i>	Date	5/24/99
Citizenship	United States		
Address (line 1)	111 Bonnie Drive		
Address (line 2)	Middletown		
Address (line 3)	Monmouth County		
Address (line 4)	New Jersey		
Address (line 5)	USA		
Zip Code	07748		

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCR International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

Place Customer Number Bar
Code Label here

OR

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
CONOVER, Michele L.	34962	DE LA ROSA, Jose R.	34810
DWORETSKY, Samuel H.	27873	LEE, Benjamin S.	42787
LEVY, Robert B.	28234	RESTAINO, Thomas A.	33444
STEINMETZ, Alfred G.	22971		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all Correspondence to:

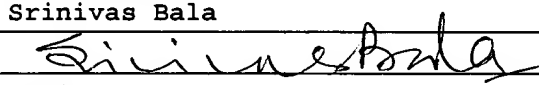
☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

NAME	Samuel H. Dworetsky				
ADDRESS	AT&T CORP. P.O. Box 4110				
CITY	Middletown	STATE	New Jersey	ZIP CODE	07748-4801
COUNTRY	United States of America	FAX	732-957-5505		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Name	Srinivas Bala		
Signature		Date	5/24/99
Citizenship	India		
Address (line 1)	201 Crocus Court		
Address (line 2)	Dayton		
Address (line 3)	Middlesex County		
Address (line 4)	New Jersey		
Address (line 5)	USA		
Zip Code	08810		

☒ Additional Inventors are being named on the 2 separately numbered sheets attached hereto

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

DECLARATION
ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page of

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Name Robert S. Westrich

Signature *Robert S. Westrich*

Date

5/24/99

Citizenship United States

Address (line 1) 44 Lone Oak Road

Address (line 2) Middletown

Address (line 3) Monmouth County

Address (line 4) New Jersey

Address (line 5) USA

Zip Code 07748

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Name

Signature

Date

Citizenship

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Address (line 5)

Zip Code

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Name

Signature

Date

Citizenship

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Address (line 5)

Zip Code

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Name

Signature

Date

Citizenship

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Address (line 5)

Zip Code

[illegible]

Application Number(s)	Filing Date(MM/DD/YYYY)

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231